

CEDAR Clinical Brief

Center for Early Detection
Assessment and Response to Risk



Screening For Psychosis Spectrum Symptoms

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What is Psychosis?

Psychosis is a set of symptoms that involve a person's mind "playing tricks on him or her." The person experiencing psychosis may have difficulty telling the difference between his or her own thoughts and perceptions and those that come from the outside world. Although real to the person experiencing psychosis, psychotic experiences are not experienced as real to others. In fact, as a medical term, psychosis refers to a loss of contact with reality, or difficulty telling what is real from what is not real.

Psychosis is more common than many people think. Symptoms may come and go, or be relatively constant. It is often associated with mental health disorders like depression, bipolar disorder, and schizophrenia. However, psychosis can also occur for many other reasons, including substance abuse, brain injury, seizure disorders, or conditions of extreme sleep deprivation or isolation.

Although most people think of psychosis as appearing "out of the blue," this is uncommon. Most often, there are warning signs, months or years beforehand. Of course, these are easiest to recognize when looking back, but we are learning how to recognize warning signs when they first appear. Early recognition provides the best opportunity for early intervention and prevention of psychosis.

We think of symptoms as occurring on a spectrum.

Mild: Noticeable, but not bothersome

“I’m not sure why, but I don’t trust my landlord.”

Moderate, or Clinical High Risk: Bothersome and/or affects daily life, but the person is able to consider that their mind may be playing tricks on them

“I think my landlord may have installed cameras in my apartment to watch me.”

High, or Fully Psychotic: Significantly interferes with daily life, and the person is 100% convinced that their symptoms are real

“I know my landlord is working with the FBI to gather information on me; they all want me arrested.”

Psychosis Risk

Psychosis risk refers to a set of clinical signs and symptoms that, when present, indicate that a person is at increased risk of developing a psychotic disorder within the next few years. Within the last two decades, there has been a growing worldwide movement towards earlier detection and intervention for psychosis, and specialized assessments of risk for psychosis have been developed. Risk symptoms often involve the experience of milder, attenuated psychotic-like symptoms (such as in the example provided above as indicating moderate/clinical high risk). These may include unusual thought content, suspiciousness/paranoia, grandiosity, perceptual abnormalities, and/or disorganized speech or behavior.

What are some of the signs of psychosis risk?

- Drop in grades/work performance
- Having strange feelings or no feelings at all
- Trouble concentrating
- Decline in self-care
- Social withdrawal
- New sensitivity to sights or sounds
- Hearing whispers or seeing shadows
- Feeling “like your mind is playing tricks on you”
- Suspiciousness
- Unusual/intense ideas

These risk signs are especially significant when a person has a relative with psychosis, when they’re new and/or worsening, recurring, or begin to impact functioning.



What might this look like in practice?

A 17-year-old high school student is brought to a local community mental health center by her parents because she has been **spending less and less time with friends and her grades have dropped** from A's and B's to all C's. The student has been reluctant to talk about this with her parents, or to share any of her feelings. When you meet with her, the student reports that she's been having weird thoughts and is feeling nervous around other people.



When you **ask if she's ever felt like her mind is playing tricks on her**, the student reports that it's been really difficult for her to be around people and to concentrate at school because she's been feeling like people can read her mind. After asking her **to tell you more about that**, the student reports that if people turn to look at her, she sometimes thinks they did so because they heard what she was thinking.

Next, you might ask **how long** the student has thought people might be able to read her mind, **how often** she thinks people may be able to read her mind, **if she ever does anything differently** as a result of the thought, and **if she fully believes** that this is happening.

How else can I ask about psychosis risk symptoms?

- Are you ever confused if something you've experienced is real or imaginary?
- Have you ever felt that you are not in control of your own ideas or thoughts?
- Are you feeling more sensitive to sounds or hearing things that other people don't hear?
- Are you feeling more sensitive to light, or do you ever see flashes, vague figures, or movement out of the corner of your eye?
- Are you having more trouble understanding what people are saying or getting your point across?

If a person says yes to any of these questions, it's often helpful to ask some follow-ups, like:

- What do you make of that thought?
- How often is it happening?
- Are you doing anything differently as a result of that thought?
- How certain are you about that thought, from 0 to 100?

What should I do if I'm concerned?

- 1. Let the person know they are not alone.** Young people report a wide range of these experiences, and there can be a number of different reasons why these experiences may be occurring. Letting the person know they are not alone can be extremely reassuring and helpful for them.
- 2. Use neutral, normalizing language when discussing psychosis.** There is a lot we know about treating psychosis and there is much hope for recovery, especially when it is treated early. If you are comfortable talking directly about the symptoms and daily difficulties as treatable, the young person will often take your lead and feel reassured. Using everyday language such as "stress" and "changes in experiences or functioning" is also helpful in normalizing people's experiences.
- 3. Seek consultation and/or specialized support.** The Center for Early Detection, Assessment, and Response to Risk (CEDAR) provides assessment and services for young people showing clinical signs of risk for psychosis and their families. Contact Megan Graham, LMHC, at 617-754-1223 or Mgraham1@bidmc.harvard.edu.

Additional resources, including a list of statewide first-episode psychosis programs, are available through the Massachusetts Psychosis Network for Early Treatment (MAPNET) at <https://www.mapnet.online/>.

Do you have questions that you would like us to address in future clinical briefs?

Contact: Emma Parrish at
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